application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			EC				ſ	RATE	FEE	}	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 0 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		-			X40≈		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270≃	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	į	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								70,712	L	, 0, 1	OTHER	THAN
(Column 1)				(Colu	mn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		= '		X\$ 9=		OR	X\$18≈	
	Independent	<u>.</u>	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+135=		OR	+270=	
		*					L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		יייייייייייייייייייייייייייייייייייייי		•	ADDII. 1 LL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AIM	= .		X40=		OR	X80=	
	THOTTRESE	INTATION OF IN	JEHR LE DEF	LINDEN	COAIN		' [+135=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9≃		OR	X\$18=	
AME	Independent	•	Minus	***		=	 	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN.	CLAIM		1 -					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ther Previously Pai					ar four	nd in the app	ropriate box	c in col	umn 1.	